

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-376)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1		1	
2						
3	/					
4	/		1			
5	/		1			
6	/		1		1	
7	/		1		1	
8	/					
9	/		1			
10	/		1		1	
11	/		1		1	
12	5		4		2	
13	5		4		2	
14	5		4		2	
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50						
TOTAL IND.	1		2		4	
TOTAL DEP.						
TOTAL CLAIMS	1		2		4	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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